Test Your Knowledge
Compliance versus Noncompliance

Casey Harrison, MBA
Paige Green, MEd

Texas Medical Association

Session Objectives

• Identify common areas of noncompliance

• Analyze cases for compliance or non-compliance with accreditation criteria and policies

• Cite resources for further information related to the ACCME/TMA accreditation requirements and policies

Common Areas of Non-compliance

• C7 SCS 2: the provider resolves personal conflicts of interest (SCS 2.1, 2.2 and 2.3).

• C7 SCS 6: The provider discloses to learners relevant financial relationships and commercial support for the activity (SCS 6.1-6.5).

• C12: the provider describe that it gathers information and conducts a program-based analysis on the degree to which its CME mission has been met through the conducts of CME activities/education interventions?
Let’s Get Started!

Case #1

Does this provider’s statement meet expectations for activity planning with regards to Criterion 2?

“Our participants want to hear more about ophthalmic surgery.”

Case #2

Does the 2018 Annual Meeting activity meet expectations for Criterion 2?

State the professional practice gap(s) of your learners on which the activity was based.

Seeking updated processes/use of apheresis

State the educational need(s) that you determined to be the cause of the professional practice gap(s).

Knowledge need and/or Studies and research on apheresis use and processes

Competence need and/or Performance need

Knowledge need and/or Studies and research on apheresis use and processes

Competence need and/or Performance need
Case #3

Does the 2018 Fall Symposium the activity meet expectations for Criterion 2?

Through evaluation forms, past meetings, direct communication with members of the Society’s Forum, review of the current literature, and discussion with experts in our specialty, gaps in knowledge, performance in the following areas were identified: autologous fat grafting, facelift, skin quality improvement.

Knowledge need

The audience needed more knowledge about facelift, skin quality improvement and autologous fat grafting. Fat grafting was presented as a beginning introduction to those not familiar with the procedure.

Standards for Commercial Support

Does this meet ACCME/TMA’s expectations for resolving conflicts of interest?

The CME Coordinator from The Fabulous Hospital emails the ten presenters for their upcoming Annual Dermatology Conference. He asks them to respond to him, listing theirs and their spouses relationships with “any entity producing health care goods or services” within the past 12 months.

Once he has gathered all of their information via email, he forwards the data to the CME Committee Chair to review and assess if any of their mechanisms for resolution of conflict of interest need to be enacted (SCS 2).

Case #4
Case #5

Does County Medical Society’s process to resolve Dr. Pepper’s potential conflict of interest meet the expectations for “resolving conflict-of-interest” in Standard 2.3?

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<th>Name of individual</th>
<th>Placer</th>
<th>Reviewer</th>
<th>Presenter</th>
<th>Author</th>
<th>Patient</th>
<th>Other</th>
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- Mechanism(s) implemented to resolve conflict of interest appropriate to role(s) in the activity:
  - Sign an attestation to use, "best available evidence for clinical recommendations," in their presentations.

Case #6

Does this meet ACCME/TMA’s expectations for disclosure to learners of relevant financial relationships to disclose?

At the top of the sign in sheet for a monthly grand rounds, The Fabulous Hospital has included the following information:

"None of the members of The Fabulous Hospital’s CME Committee, who planned the CME activity, have any financial relationships to disclose relating to the content of the activity. Dr. Smith, who is presenting this session has no relevant financial relationships to disclose."
Case #7

Are the following examples of provider performance considered a valid mechanism to “resolve all conflicts of interest prior to the education activity being delivered to learners” per Criterion 7, Standard 2.3?

Example 1

Each faculty member participates in a ‘planning interview’ with CME staff in which they discuss approaches to reduce bias in the CME activity. After content for the activity is submitted to the CME office, CME staff communicate with the faculty via e-mails regarding modifications to the content and documents when and what was communicated.

Example 2

After the CME activity, an electronic survey is sent to each of the attendees that asks whether they perceived commercial bias during the educational session. The results of the electronic survey are summarized and shared with the faculty from the CME activity and included in the provider’s Self Study Report.
Example 3

The CME activity content is sent out to an outside reviewer who is asked to complete an ‘Activity Review Form’. The Performance-in-Practice files include these completed forms along with notes about changes made by the CME staff prior to the activity.

Example 4

If you disclosed a relevant financial relationship, please read the letter and sign the attestation line on the back of the disclosure form and then submit your completed form to the CME Office. By signing the back of the form, you are attesting that you will ensure that the content of your presentation will not contain information related to the clinical area of the financial relationships that you provided on the front side of the form.

Case #8

Does this support compliance with Criterion 7, SCS 2?

Dr. Smith is presenting information on diagnosing and treating different types of pediatric cancer at the 2nd Annual Pediatric Cancer Conference and indicates on her disclosure form that she works one week every other month at the pharmaceutical company, Cure-All Pediatric Cancers and the remainder of her time at The Fabulous Hospital’s outpatient clinic.

To resolve the conflict of interest, The Fabulous Hospital has done the following:
• Reviewed Dr. Smith’s slides and reviewed no bias in the presentation
• The provider included a slide at the beginning of the presentation which disclosed Dr. Smith’s relationship and the name of the company and that the planner and reviewers had nothing to disclose
• Additionally, the evaluation form included a question asking participants if they detected bias during the session and the summary of the results indicated that the participants did not detect bias in the presentation

Can employees of ACCME-defined commercial interest can play a role in accredited CME?

1. Employees of ACCME-defined commercial interests can control the content of accredited CME activities when the content of the CME activity is not related to the business lines or products of their employer.

2. Employees of ACCME-defined commercial interests can control the content of accredited CME activities when the content of the accredited CME activity is limited to basic science research or the processes/methodologies of research, themselves unrelated to a specific disease or compound/drug.

3. Employees of ACCME-defined commercial interests can participate as technicians in accredited CME activities that teach the safe and proper use of medical devices.
Which of the following statement(s) most accurately describes the reason(s) for the provider’s noncompliance finding for Criterion 11?

Self Study Report: The provider describes that it measures the impact of its RSS via an electronic survey issued on a quarterly basis to all Grand Rounds attendees that asks the questions:

1. “Did the educational activity help to increase your knowledge of this topic?”
2. “Are you going to make a change in your practice as a result of your participation in the Internal Medicine Grand Rounds?”

The report includes data tables that compare and contrast the number of respondents who responded “Yes” or “No” to the questions for each CME activity it conducted during each of the 4 years of its accreditation term.

Performance-in-Practice Files: Each of the activity files includes a blank (e.g., not-completed) printed version of the electronic survey used for that activity. No other data or information (about changes in learners) is included in this file.

A. The provider did not demonstrate that it has information about what specific changes (e.g., competence/strategies, performance) learners make to their practice as a result of the educational activities.
B. The provider did not provide data or information describing learner change in its Performance-in-Practice documentation.
C. The provider’s electronic survey tool, as an assessment of learner change, should not include questions about changing participants’ knowledge.
D. All of the above.
In its Self-Study Report, for C12, The Fabulous Hospital has identified that offering enduring materials would help it to better meet its CME mission. During the accreditation interview, the provider explained that it released its first enduring material activity 2 months prior to writing the self-study report. A handful of participants have completed the activity. No additional information was shared by the provider.

Resources

- TMA
  - TMA Manual
  - Standards for Commercial Support
- ACCME
  - FAQ's/Videos
  - Examples of Compliance and Non-compliance at www.accme.org

Contact Information

Casey Harrison  
Director, CME  
Texas Medical Association  
800-880-1300, ext. 1446  
casey.harrison@texmed.org

Paige Green  
Manager, CME  
Texas Medical Association  
800-880-1300, ext. 1447  
paige.green@texmed.org